

**SURVIVOR BENEFIT PLAN - MINIMUM INCOME CLAIM***(Please read Instructions on back before completing this form.)***PRIVACY ACT STATEMENT****AUTHORITY:** Public Law 92-425, September 21, 1972 and Executive Order 9397, November 22, 1943 (SSN).**PRINCIPAL PURPOSE(S):** Used by eligible claimants (widowed spouses of persons who retired before September 21, 1972, and who died before March 21, 1974) to apply for an annuity to maintain a minimum income level.**ROUTINE USE(S):** None.**DISCLOSURE:** Voluntary; however, personal information requested on this form is used to administer certain annuity programs. Withholding requested personal information may hinder the validation process and cause difficulty in approving the requested annuity.**SECTION A - DECEASED MEMBER**

1. NAME (Last, First, Middle Initial)	2. SOCIAL SECURITY NUMBER (SSN)	3. DATE OF RETIREMENT (YYYYMMDD)	4. DATE OF DEATH (YYYYMMDD)
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**SECTION B - SPOUSE**

5. NAME (Last, First, Middle Initial)		6. MAILING ADDRESS (Street, (P.O. Box), Apartment Number, City, State, ZIP Code, County, Country)	
7. SSN	8. DATE OF BIRTH (YYYYMMDD)		
8. ARE YOU A UNITED STATES CITIZEN? (X one)	YES NO	10. WERE YOU LEGALLY MARRIED TO THE DECEASED AT THE TIME OF DEATH? (X one)	YES NO

**11. REMARRIAGE**

a. HAVE YOU REMARRIED SINCE THE DATE OF DEATH OF THE DECEASED MEMBER? (X one. If Yes, complete 11.b, c, and d for termination of first remarriage. If more than one remarriage, attach a separate sheet of paper with all information requested for each remarriage.)		YES NO
b. REASON FOR TERMINATION (X one and attach copy of applicable court documents.)	DEATH ANNULMENT DIVORCE	c. PLACE OF TERMINATION (City, State, County, Country)
		d. DATE OF TERMINATION (YYYYMMDD)

**12. CURRENT BENEFITS**

a. ARE YOU RECEIVING ANY BENEFITS FROM THE VETERANS ADMINISTRATION (VA)? (X one. If Yes, complete 12.b, c, d, and e.)		YES NO	b. MAILING ADDRESS OF VA OFFICE HANDLING YOUR ACCOUNT (Street, (P.O. Box), City, State, ZIP Code)
b. TYPE OF BENEFIT	c. MONTHLY AMOUNT \$	d. VA CLAIM NUMBER	

**SECTION C - GUARDIAN**

13. HAS A GUARDIAN BEEN APPOINTED BY THE COURT FOR THE ABOVE-NAMED SURVIVOR? (X one. If Yes, complete Items 15 and 16. If No, complete Item 14.)		YES NO	14. IF A GUARDIAN HAS NOT BEEN APPOINTED, WILL ONE BE APPOINTED? (X one)	YES NO
15. NAME OF GUARDIAN (Last, First, Middle Initial)		16. CORRESPONDENCE MAILING ADDRESS OF GUARDIAN (Street, (P.O. Box), City, State, ZIP Code, Country)		

**SECTION D - CERTIFICATION**

17. APPLICANT		
a. SIGNATURE	b. DATE SIGNED (YYYYMMDD)	c. CHECK MAILING ADDRESS (Street, (P.O. Box), City, State, ZIP Code, Country)
18. WITNESS		
a. SIGNATURE	b. DATE SIGNED (YYYYMMDD)	c. MAILING ADDRESS (Street, (P.O. Box), City, State, ZIP Code, Country)
19. WITNESS		
a. SIGNATURE	b. DATE SIGNED (YYYYMMDD)	c. MAILING ADDRESS (Street, (P.O. Box), City, State, ZIP Code, Country)

**INSTRUCTIONS FOR COMPLETING DD FORM 1885  
SURVIVOR BENEFIT PLAN - MINIMUM INCOME CLAIM**

To secure all possible benefits and to avoid delay in processing the claim:

- (1) Complete the application in full;
- (2) If the answer is "No" or "None," so state;
- (3) Typewrite or print information in ink;
- (4) Sign the application in ink or ball point pen;
- (5) Attach a copy of marriage certificate.

**TRUTHFULNESS**

All statements in the application must be true to the best of your knowledge, information and belief. No evidence necessary to a settlement of this claim should be suppressed or withheld. Any change in your status (financial or otherwise) should be immediately reported pursuant to instructions. Any false statement in this application or misrepresentation relative thereto is a violation of the law punishable by fine of not more than \$10,000 or imprisonment of not more than 10 years or both. (52 Stat. 197, U.S.C. 18:80)

**EVIDENCE REQUIRED**

Please attach a copy of your marriage certificate to this claim. This document **MUST** be on file before an annuity can be paid. If it becomes necessary to submit evidence in addition to your marriage certificate, you will be advised.

**SOCIAL SECURITY NUMBER**

If you do not have a Social Security Number, contact the local Social Security or Internal Revenue Service Office to apply for an identifying number. If you do not know your spouse's Social Security Number, or if your spouse did not have one, please submit his/her Service Number.

**SIGNATURE OF APPLICANT**

When a signature is accomplished by the mark "X" or another person signs for the annuitant, due to physical inability to write on the part of the annuitant, such signatures must be witnessed by two disinterested parties.

**IF YOU NEED HELP IN COMPLETING THIS FORM**

Contact the nearest military installation, your local Red Cross chapter, any veterans organization, or write to the agency who sent this form to you.